THE

MEDICAL AND SURGICAL REPORTER.

No. 645.] PHILADELPHIA, JULY 10, 1869. [Vol. XXI.—No. 2.

Original Department.

Communications.

SOME INTERESTING CASES IN PRACTICE.

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To report rare and obscure cases, is a duty we all owe to the profession.

The following cases of interest came under my notice during the past few years.

"*Sammelt die ubrigen Brocken dass nichts umkomme.*"

Feculent Discharges.—1. A young man, aged thirty, had feculent discharges from the bowels, attended with pain invariably about four hours after meals. This complaint came on after an attack of dysentery some years ago, (as he states.) Treatment consisted in applying red flannel folded around the abdomen to be worn during the whole year. Internally, he has given potasii iodidi in 10 gr. doses, and kept under its influence more or less for about three months. In addition, to relieve pain, and night sweats, he was given the following, as occasion required, in ½ to 1 teaspoonful doses :

R.		
	Tinc. opii	℥iss,
	Acid sulp. arom.	℥ij,
	Syrup simplic	℥ii.

Diet was regulated—that is he was permitted to eat and drink whatever agreed with him, and abstain from all that disagreed. Patient recovered so far with an occasional touch or relapse, owing to error in diet or overwork.

2. *Abdominal Tumor.* This was a case under the care of my neighbor, Dr. Shoemaker. A woman about three weeks after confinement was attacked with rheumatism at both ankle joints, with here and there red spots, but little or no swellings. Of a sudden these symptoms disappeared, and a tumor formed over the umbilical region, which increased rapidly to such an extent, that it measured about *nine* inches in height. It assumed the shape of a cone with the umbilicus as its apex. The best idea can be conveyed by turning upside down a large hornet's nest over the abdomen.

The tumor was painful, owing only, as could be ascertained, to the intense distension of the skin. The abdomen otherwise was not much tympanitic; auscultation revealed nothing; percussion proved the presence of gas; bowels were natural and regular; owing to the great pain the appetite was impaired. Treatment consisted in heavy mush poultices with a view of relaxing the skin and its mechanical pressure on the tumor. Patient recovered.

Query.—What was the nature of thistumor? What was its conical shape owing to?

3. *Intestinal Obstruction.*—This was a case of a little girl, aged 12 years, under the care of Doctor Miller, of Sagersville; suddenly she was taken ill, with pain in the umbilical region, which increased in intensity rapidly. There was little or no tympanitis. The Doctor diagnosed the case correctly, and made known to the family its nature. Vomiting set in early. Internal remedies were at once abandoned. We then resorted to the rectum pump, as the only remedy. She was injected with warm water and salt, morning and evening for six days, during which time 208 worms passed. Patient recovered.

Remarks.—The instrument used is a stomach pump convertible into an injecting pump. Such an instrument should be in the hands of every practitioner. If ever I saved life, it was with this apparatus. In all forms of constipation, or obstruction of the bowels whatever, it proves of immense value. In strangulated hernia, extreme tympanitis, in fevers with cos-

tiveness, in convulsions of children, or in any case whatever where an immediate motion of the bowels is needed, its service is invaluable. My instrument has two tubes—one short with a bone nozzle, which only enters a short distance beyond the sphincter—which can be used in ordinary cases. The other is the stomach tube, which is used in serious cases, and is pushed on as far as possible while the pump is worked. The quantity of fluid used at one operation varies, from half to two washbasinsful. The water is either cold or warm, according to the comfort of the patient. Two basinsful is the largest quantity yet used. It was in a young girl, aged 17 years, with obstruction of the bowels, owing to impacted fæces. Larger the quantity injected, more immediate the effect. To introduce a large quantity, pump slowly, and divert the patient's attention to prevent straining or bearing down.

4. *Hæmmorrhoids.* Few patients with external hæmmorrhoids come under my care. In those cases nothing succeeds better than the application of cold, snow or ice enclosed in a cloth, held to the parts fifteen or thirty minutes morning and evening, will knock them sky high. In the absence of these articles, the patient is ordered to sit over a pail of cold water so that only the tumors touch the fluid, and remain there fifteen to thirty minutes. When the tumors are hard from coagulated fluid within, free incision is the remedy. Prof. Gross makes free incisions in all kinds of external hæmmorrhoids, excepting when they are highly inflamed.

5. *Herpes.*—An inveterate case of herpes zoster in a boy æt. six years came to my notice after various remedies were tried hitherto without success. He was given potasii bromide in the morning, and the syrup ferri pyrophosphatis evenings. Also, rhei pulv. or syrup rhei et sennæ occassionally to regulate the bowels; externally pulv. sacch. saturnis two drachms to a teacupful of sweet cream, stirred in with a stick and set in a cool place. This was applied every evening, and sometimes morning and evening. This case recovered rapidly. This is my treatment in most cases of this nature.

In another child with the same disease, this application proved worse than useless. Here the old ungt. picis liquidæ acted very well.—Sometimes the calomel ointment will do well, yet too much reliance cannot be placed on it. In this last case, the syrup phosphites comp. was given morning and evening, and continued for some weeks.

The patient recovered.

6. *Fractures.*—Fracture of the surgical neck of the humerus was treated by modern appliadces. Deformity at the joint resulted in one case under my care, and one under the care of my neighbor physician. Nevertheless both patients have the free use of the arm in every direction. The deformity is probably owing to a displacement of the head of the bone on its axis.

7. *Tetanus.* This patient was a man aged forty under the care of Dr. Miller of Slatington. While unloading sacks of grain, his feet slipped from under bim and falling backward his head struck against a stone inflicting a small gash in the occipital region. He continued his work up to about the eleventh day, when he complained of stiffness of the muscles of the neck and face. Soon symptoms of complete tetanus set in; usual remedies were given with little success; hypordermic injections of about 1 gr. doses of morph. sulph. were made morning, noon and evening with marked benefit, so much so, that hopes of recovery for a few days were entertained; however, another spasm set in which yielded to no treatment, and the patient died on the twelfth day of the attack.

REMARKS.—Tetanus arising from wounds of the head, are uncommon, yet cases do occur. Lesions of the inferior extremity are more prone to be followed by tetanus, than lesions of the superior extremity. Length of time intervening between injury and attack, and time from attack to when it proved fatal, are worthy of notice in this case.

8. *Mammary abscess*—May sometimes be prevented by applying early the breast pump, adhesive strips and cold applications. After pus has formed I open as early as possible, allowing the patient to press out all the matter possible, then immediately apply well regulated and graduated pressure by adhesive strips. These to be removed every day as long as the bands become shrunken. Whenever the cavity within is very large, its wall may be approximated by laying on a folded piece of muslin, and passing the strips firmly over it. The introducing of the tent and application of poultices, and sugar of lead water with opium are all laid aside as things that were. Instead, I apply a damp rag, folded to absorb the escaping pus. Doctor Foster's sponge remedy is good in some cases. It is too wet in

winter season, and too unclean in summer time. In a clinic in 1867, Prof. Gross, after explaining the nature and cause of mammitis, opened an abcess, introduced a tent, ordered a poultice with sugar lead water and opium upon it, to be applied, and the pus to be pressed out gently every twenty-four hours. By and by the ammonia and mercurial plaster would be applied. The patient to use nothing but dry, plain diet, and not to use animal food. Why the learned Doctor does not permit the patient to press out all the matter she can, and at once apply the strips; and why restrict the patient from taking nourishing food when there is a constant waste and drain of the system, I cannot comprehend.

9. *Obstetrics.*—This case, under the care of Doctor Williams, of Schnecksville, was one of rare occurence. The Doctor found the waters ruptured, the uterus flaccid, with more or less flooding. On examination, the case proved to be one of "placenta previa," with a "shoulder presentation." When I arrived, the arm was protruding. We concluded to let the placenta take care of itself, turn the child and deliver with the forceps. Operation proved successful. Patient recovered.

10. *Craniotomy.*—One case, under the care of a neighbor physician, came to my notice during a practice of fourteen years. After emptying the brain, it was not necessary to mutilate the child any more, as it could be extracted with little patience on the part of the operators. In this operation we should avoid mutilation as much as possible—it is so painful for the mother to behold.

11. *Obscure Case.*—In a male child, aged 8 months, a tumor was discovered in the left hypogastrium. This had attained the size of a man's fist when my attention was first called to it. The history and condition of the patient convinced me at once of the probable nature of the case. Secretion and excretions were natural and healthy. Pouting of the abdomen to the left of the umbilicus was the only symptom noticeable. There was no pain on pressure or loss of sleep. The conclusion was that it was a tumor, filled or filling with fluid of some kind, and that it could not be pus, as there was no symptoms indicating such a change. That if it increased, which it likely would, it would eventually produce derangement of the internal organs, and that the only hope then would be to tap. An old physician and son examined the case, and gave as their opinions that matter was forming, and that it would probably open. The history would have enlightened them otherwise, had they traced it from the beginning. The tumor increased so rapidly in bulk that life was in danger. The abdomen measured twenty-two inches in circumference. At this stage, assisted by Dr. Williams we operated; a trocar, was pushed in an oblique direction from the linea alba into the tumor, when one quart of odorless, dark colored liquid escaped. Patient died a few days after of peritonitis. Post mortem could not be obtained. Hence the nature of this case will remain obscure forever.

12. *Ascarides.*—Many cases of ascarides in children were treated with santonine. This is certainly our best remedy. I give it in doses of five to ten gr. in the morning and evening, or every evening only, not combined with any cathartic as it is apt to produce vomiting.—Further particulars regarding santonine, see MEDICAL AND SURGICAL REPORTER, Vol. XI—No. II., page 245.

12. *Erysipelas.*—Several cases of this disease came under my care. I still pursue the treatment as reported in MEDICAL AND SURGICAL REPORTER, Vol. XII—No. III, page 57, till we find a better one. Since, I am fully convinced that wet applications do more harm than good; for the extreme tension of the skin I order the application of sweet cream. Sometimes the powdered sugar of lead is added—say one drachm to a half-teacupful of cream—stirred with a stick, and let in a cool place. No doubt glycerine would answer just as well, perhaps better.

14. *A Singular Fatality*—Occurred in my neighborhood. An aged man was taken with apoplexy at about 3 o'clock in the morning; at 2 o'clock, P. M., of the same day the mother was stricken down with the same disease. Both died about the same time, and were both buried together in the same grave. What makes this case singular, is that both died of one and the same disease.

—THE English Chemical Society has instituted a Faraday medal, in honor of the late Professor Faraday, to be awarded from time to time to foreign chemists lecturing before the Fellows of the Society. The inaugural lecture was given on the 17th of June, in the Royal Institution, by M. Dumas, Master of the French Mint, perpetual Secretary of the French Imperial Academy, Minister of Public Instruction, and one of Faraday's intimate friends.

SURGICAL REMINISCENCES OF AN OLD PRACTITIONER.

By J. G. F. Holston, M. D., ect.,
Of Washington, D. C.

No. III.

ABLATION AND RECONSTRUCTION OF THE ENTIRE LOWER LIP.—1858.

Mary Neddinger, of Western Ohio, presented herself at my office with a strange disease, involving the lower lip. Some two years before, she had observed on the mucus membrane of the lower lip, half way between its margin and the gum, what appeared to be a moist wart, elevated above the surface, of strictly circumscribed hardness and granulated appearance. Some caustic was applied, which not only failed to extirpate the original disease, but was followed by its rapid enlargement and the growth of numerous other warts of a similar character. They extended not only laterally, in numbers and size, but extended in depth, so as to penetrate to the outer surface; and when she presented herself, the lip having lost all its original form and appearance, presented a nodulated mass, extending from angle to angle, and square down to the base of the jaw, several times its natural size. In some places the morbid growths were confluent, in others, large masses isolated by apparently sound tissue, penetrated from the mucus membrane to the skin, like plugs of semipellucid horn, fitted into openings in the organ. Internally the appearance was whitish and granulated; externally, smooth, yellow and horn-like. There was no induration or sign of inflammation of the neighboring parts. The general health was then and had been from the beginning, undisturbed. But the disgusting appearance of the entirely everted and shockingly deformed lip, over which the sailva flowed incessantly, made her clamorous for relief by any means. Learning that every variety of external applications, as well as medicine, that I could think of had previously been ineffectually employed, and considering the disease as cheloid and not strictly malignant, I proposed operation, to which she readily assented, and which was performed with the assistance of Dr. Hobbs, Dentist, of Zanesville, Ohio (who still preserves the specimen).

Operation—The patient being seated on a chair, her head supported (no anæsthetic) an incision was dropped perpendicularly from each angle of the mouth, through all the soft parts, to the base of the jaw, and there united by another semicurcilar incision. The circumscribed mass was rapidly dissected from the bone, leaving a horrible chasm, from which the blood streamed in torrents. Hemorrhage was arrested by two ligatures on each side, and cold applications, and the process of reconstruction accomplished thus: The cheeks were dissected from the lower jaw, as far back as the masseters and the edges of the wound, not without some stretching, brought together in the middle by three hair-lip pins and some superficial interrupted sutures, leaving, however, a lozenge shaped vacancy from angle to angle three-fourths by one and a-half inch entirely uncovered. The mouth was now a small round hole, entirely formed by the circularly drawn upper lip. The sharp point of a straight scisors was now passed from the edge of the wound on each side, between the mucus membrane and the cheek, and a nearly horizontal incision about three-fourths of an inch in length made, leaving the mucus membrane intact. A second cut, starting near half an inch from the first, was made to meet the first at its extremity, thus circumscribing a slender triangular piece, which was dissected out—the mucus membrane then divided in the centre and attached with fine stitches to the outer edge, thus furnishing a mucus margin for the new lip. The upper lip at once resumed almost its proper form. The patient was placed in bed, cold applications ordered to the face, and a light fluid diet enjoined. The pins were withdrawn after seventy-two hours, the interrupted sutures next day, and a union by the first intention, wherever the edges of the wound came in contact, was manifest. For security an adhesive strap was applied across the lower lip and face. The lozenge shaped, uncovered spot filled up with granulations and in about a month had perfectly healed, forming a small shining cicatrix on the lower end of the chin, adhering to the bone. The new lip was a vast improvement over the old one, but was pretty tightly stretched over the teeth, with very little or no *natural* feeling, and not at all under the control of the will—there was a narrow red mucus margin. The patient returned home, not fully satisfied.

I lost sight of her till last fall, when she paid me a visit at my, then, residence in Zanesvile, Ohio. She was then a blooming, good looking matron, many years married, and the mother of several children. There never had been the slightest return of the disease. The lip had gradually expanded in dimension, acquired natural feeling, and came

under the control of the will, and at the time of her visit, felt perfectly natural. Even the cicatrix had loosened up and presented merely a small white, shining spot. The chin and lower part of the face, however, still presented a meagre and somewhat pointed appearance, without any proper projecting chin.

FACIAL NEURALGIA OF MANY YEARS STANDING.—OPERATION.

Was called in consultation by my friend, Dr. ZENAS YOUNG, an eminent practitioner of West Zanesville, Ohio, to see Mrs. Cole, an old lady, then residing with some friends about eight miles distant, having come there for the benefit of medical treatment. Found the patient a white-haired old lady, 60 years of age, sitting upright in bed, supporting her face with her hands, her eyes streaming with tears, and groaning with bitter agony. For years thus it had been, boring, lancinating, cutting, tearing, that was her expression. Filling the orbit of the eye, extending over the cheek to the ala of the nose and corner of the mouth, occasionally reaching to the temple and forehead. Refreshing sleep had long been unknown to her; eating and drinking were accomplished only at the price of untold suffering. She was never free of pain, which, however, had paroxysmal aggravations. Sensations in the affected parts was natural, but exaggerated; there was no paralysis. Quinia, iron, zinc, arsenic, the whole list of narcotics and innumerable external applications, had entirely failed to give relief. She had undergone two surgical operations, in the last of which a portion of the infraorbitary nerve had been removed, and a red-hot probe passed into the infraorbitary foramen. This last had been followed by temporary relief, but after a few months the trouble returned. I proposed a third and more radical operation. I ascribed the failure of the last surgeon, to the thinness and therefore rapid cooling of the cautery employed. I had a hole drilled through a button of three-eighth boiler iron, such as is punched out, to make holes for the insertion of rivets, in steam-boilers; through this, projecting on the side to be used, about one inch was an iron rod about one-eight to one-tenth inch thick—this button was intended as a reservoir of heat. The operation: An incision the length of the orbit, was made along its inferior margin to the bone. The cheek was dissected down one inch, the eye was dissected up from the floor of the orbit, as far as the internal opening of the infraorbitary canal, and the nerve supposed to be divided there. A horn spatula was then inserted into the orbit, to that distance to elevate and protect the globe, and then after enlarging the infraorbitary canal by a drill, the cautery heated, not white (I never could get a cautery to its place in that state) but very bright red, was inserted till its point, still red, was seen in the orbit. The cautery still at a red heat was then passed over the dissected inside of the cheek and over the exposed bones around the foramen; from the surface of which a thin lamina had previously been removed by the gnawing forceps. Of course all was done under profound anæsthæsia by chloroform. The wound was dressed with cold water dressings, afterwards with poultice and ointments. As soon as she recovered from the chloroform she expressed full and entire relief. The cheek, ala of the nose and side of the upper lip were totally paralysed, as to motion and sensation. An attack of erysipelas and delirium followed, which, under the skillful treatment of Dr. YOUNG, soon recovered. In about six weeks the wound was healed and her general health under the use of tonics greatly improved. I occasionally heard from her for a year; general health good; no return of pain, but facial paralysis not improved; but the sight of the eye unimpaired. I then lost sight of her.

HOLSTON.

NON-MALIGNANT ABSCESS OF THE BRAIN.

Read before the Vermont Medical Society, June, 1869.

BY FRANK W. PAGE, M. D.,

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The symptoms of Cerebral Softening and Cerebral Hemorrhage are quite distinct from each other. When vertigo and loss of consciousness suddenly occur in a hitherto healthy individual, whether predisposed to such symptoms or not, followed by an immediate paralysis of one side of the body, the case is considered to be one of Cerebral Hemorrhage; the sanguineous extravasation occurring on that side of the nervous centre opposite to the one paralyzed. But on the other hand, if vertigo, formication and cramps have existed for some time with a gradual supervention of paralysis, the lesion is regarded as one of softening.

That this is not entirely correct, may be seen from the following case, in which the line of demarcation, as regards symptoms,

could not be so clearly drawn, and yet the want of positive evidence in life that the case was one either of Cerebral Softening or Hemorrhage—or perchance both—only tends to show more conclusively that the precise nature or pathology of Cerebral affections cannot always be determined with absolute certainty.

The subject of the following report, Caleb C., came under the notice of my partner, Dr. O. G. DYER, with whom he was seen from time to time by myself, early in the month of February, 1868. After having had the careful and considerate attention of regular and irregular physicians, his disease commenced some time in the month of November, 1867. His history from that period until the February following, as far as could be ascertained, was derived mostly from himself, his wife and children (who are already past the age of maturity,) and undoubtedly is in the main correct. His age was 54, and his occupation that of a carpenter. He had always been a strong, healthy, hard-working and temperate man. Had never been sick, unless from occasional and ephemeral attacks of colds, and even from these, I learn he was unusually free. He had never had cancer, and exhibited none of the traits of a cancerous cachexia. Notwithstanding a worty excrescence had been removed, under that name, from below the inferior margin of the right malar bone, by caustic applications of a female Indian and root doctor.

He never had rheumatism, or syphilis, although given somewhat to excess in venery. Superadded to his activity and energy in the accomplishment of work, he was always noted for his high temper and sullen disposition. His intelligence was ordinary. His father and mother both died late in life, but not of diseases exhibiting any hereditary characteristics of the different cachexiæ—least of all to carcinoma.

On the day preceding his attack, he had been engaged in building a wall for the foundation of a new barn, and had, it seems, with such assistance as the man for whom he was laboring could render, made unusual exertions in moving into place a very large stone, desiring, at the same time, to finish the work that night. The combined efforts of the two, with the aid of lever and blocks of wood, hardly seemed adequate to the task. Yet, while the one partially relinquished his efforts, he, (Mr. C.,) "by an almost superhuman struggle," finally succeeded in getting the stone into the desired position. After the work was completed, he felt quite weak and exhausted; though he experienced no chilly sensations. He ate his supper at his usual hour, and at night slept quite well. The next morning he resumed his work, and, while engaged in planing a board, he suddenly dropped his plane; his right hand and arm becoming coincidently the seat of "unpleasant sensations, numbness, and uncontrollable twitchings." This, however, passed speedily off, save the numbness, only to return again and again, not only that day, but with each succeeding day, until the time when we saw him, the numbness having slowly and progressively increased. He had not, it seems, complained of any headache, vertigo, or uneasy sensations in the head. He had had no convulsions, either of an apoplectic or epileptic character. He had had no vomiting. His appetite was very fair. He slept well, and had no pain whatever, aside from the tingling in his hand and fore-arm.

On the day of our visit, February 26th, 1868, he was in bed, his face presenting a peculiar vacant expression, while the whole of his right side, except so far as the facial muscles were concerned, was completely paralyzed; motion, totally; sensation, partially. His pulse was full and soft; tongue moist and slightly coated. Respiration natural and easy; heart and lung sounds normal; bowels sluggish, and urine healthy. An examination along the spinal column failed to reveal tender points. There was no apparent increase of the natural temperature of the body, nor any hyperæsthesia of the system generally. He complained of no pain, or heat; nor of any swimming sensations *in the head*. There was no ringing in the ears, or marked diminution of the sense of hearing.

His memory and intelligence were good, and he appeared to understand readily enough everything said to him, though he manifested a little nervousness and seemed somewhat excited at not being able to communicate his thoughts easily. This somewhat nervous and excited condition had the appearance as though it was owing more to difficulty than to reluctance or a want of knowledge *how* to reply. His pronunciation was distinct but somewhat prolonged; yet he protuded his tongue in a right line and apparently without difficulty.

His senses, save that of touch on the affected side, were perfectly intact. His eyes were not injected, and no difference in the condition of the pupils could be detected. They

certainly both reacted well under the stimulus of light. There was no oscillation of the eyes, nor any strabismus; neither could I learn that there had been any even from the commencement of his illness. There was no drooping of the eyelids; on the contrary, his eyes were equally open. He slept well, ate well, and swallowed his food without any attempt at regurgitation or vomiting.

With aid he was able to walk, but only with a halting, unsteady gait, not unlike "Duchenne's disease." He, however, could stand alone, though with his eyes closed he easily lost his balance.

The progress of the case from this time onward, except toward the close, was slow. At intervals there was an appearance of an amelioration of some of his symptoms. Yet despite the varied treatment, the case steadily progressed to its fatal termination. From occasional changing of positions, from the upright to the prone and *vice versa*, he soon became unable to leave his bed. The paralysis, which at first was not complete, became complete hemiplegia; and the convulsive movements of the limbs, which at an earlier stage of his disease were a source of much discomfort, soon ceased to trouble him. His mental faculties at length began to fail, though at no time was there definite evidence of any confusion of ideas. His sleep, which before had been calm and peaceful, became disturbed, and the somnolence passed into one of evident restlessness. Towards the close of his life, sordes collected in and about his mouth, teeth and tongue; and the case assumed a more distinct typhoid type.

The senses of hearing and tasting became totally abolished; while the power of deglutition became impaired to such a degree that for the last three or four weeks of his existence, nourishment was introduced into the system, only per anum. He died on the morning of May 5th, 1868.

The autopsy was held a few hours after death, in the presence of several medical gentlemen. Cadaveric rigidity, well marked; emaciation very great; considerable blueish discoloration of dependent parts, particularly of the paralysed side.

On removal of the calvaria, nothing peculiar or remarkable was noticed, except, perhaps, a slight increase of vascularity of the membranes to the left, and in the immediate vicinity of the longitudinal fissure; and about midway between the anterior and posterior portions of the left hemisphere. The arachnoid at this point was somewhat adhered to the surface of the brain, though the adhesion was not very extensive.

There was also observed in this same region a bluish discoloration of the external surface of the brain, with a complete loss of its sulci. The amount of surface involved could be easily covered by an old fashion fifty cent coin.

Here palpation detected fluctuation, and on cutting down upon it by an incision made parallel to the fissure, and across the whole length of the hemisphere, an encysted abcess was brought to view.

This abscess consisted of three distinct cysts or chambers, in close juxtaposition; each of which were filled with pus and a reddish colored serum. The largest was situated externally to the smaller ones, and these within one quarter (¼) of an inch of the median line or fissure. Their united capacity was equal to that of a small hen's egg. Their internal surface was of decidedly yellowish cast; while more externally it was quite vascular and of a somewhat grayish color. Beyond the cyst, in the substance of the brain, there was no evidence of any variation from the healthy standard, except possibly a slight degree of softening. There was no apparent increase of the puncta vasculosa, or any evidence of disease in either the copora striata or optic thalami.

The lateral ventricles contained a little more fluid than usual; but there was no softening about them. Cerebellum healthy. Cord not examined. It is to be regretted that neither the thorax nor abdominal cavities were examined, as undoubtedly incontestible proofs of atrophic changes would have been noticed; which, while they would not have had any influence on the pre-existing condition of the brain, would probably have developed points worthy of investigation.

Through the kindness of Dr. SAMUEL W. THAYER, of Burlington, who made a careful microscopical examination of a portion of the diseased brain, I am allowed to report that the examination resulted in finding "Blood corpuscles, pus corpuscles, serum and homogeneous matter", in what proportions I was not informed; "indicating an abscess of the brain, or that softening which sometimes follows the rupture of a small blood vessel in the brain. In the specimen sent, the examination failed to detect any evidence of malignancy whatever."

The points to which I would call particular attention in the case, are these:

1st. That there was unusual exertion attendant upon the accomplishment of a given piece of work within a given time.

2d. That the symptoms of paralysis did not manifest themselves until nearly twenty-four hours after the work was finished, and then only slightly, conjoined with convulsive movements of the muscles of the hand and forearm.

3d. That the paralysis, appearing first in the right hand and fore-arm, slowly and progressively increased, extending to the right foot and leg, until hemiplegia became complete; though the sphincters were not affected, nor the urine found unhealthy.

4th. That there was a general and gradual decay of all the powers of life, until the occurrence of death, which ensued after a lapse of six months.

5th. That, after death, evidences of disease were found in the substance of the brain, the membranes being but slightly involved.

6th. That careful microscopical examination of the diseased portion detected no evidence of malignancy.

Now, what should have been the diagnosis in this case? In the light of a post-mortem examination, the existence of a serious cerebral lesion is made patent to all. But without this examination to guide us, and with only a few prominent symptoms to assist us, such as a sudden, but partial, hemiplegia, which quite as well mark the existence of other lesions also, and the vacant expression, which would seem to indicate a commencing paralysis of the face, we are left in perplexity and doubt. In strictness we could *only infer* that a cerebral abscess existed, and the inference would have been equally good, as to cerebral softening, hemorrhage, or tumors, though in the latter the symptoms are usually more marked and characteristic. And I may say that they usually are in cerebral abscesses, for we frequently find them recurring as secondary consequences of disease of some portion of the cranial wall. In this case, however, no such disease existed. Had there been, it may have been a matter of very grave doubt whether meningitis might not have existed in conjunction with it. Again, on the contrary, we find abscesses existing in the brain, without any symptoms to mark their seat or development. Such was the case in a man who came under my notice while I was a student of medicine, who died of some pulmonary difficulty; in whom the existence of a cerebral abscess was not suspected while living, but was revealed by the knife. But in the case now under consideration, we notice that there was an unusual absence of symptoms, for which any attempt at explanation would be quite as much an acknowledgment of ignorance as it would be wanting in expression of anything positive. And yet the points in the rationale of the origin and occurrence of this abscess would seem clearly to be,

1st. That occasioned by an alteration in structure of one of the smaller blood vessels of the brain—probably partial rupture—consequent upon the vigorous and unusual muscular exertion of the patient in placing the large stone in its desired position, and was furthermore made complete by the continued exertion of the following day.

2d. That the sanguineous extravasation occurred on the same day the convulsive movements of the right hand and forearm first manifested themselves, and then in force insufficient to produce apoplexy.

And lastly, that this extravasation acting as a foreign body, and becoming the nucleus of a sub-acute inflammation, occasioned not only the slight adhesion of the membrane, but also the more serious lesion of softening and abscess, as a direct result of this inflammatory process. We conclude, therefore, that the brain *can be* and *is* often times seriously compromised by changes within its structure, with but few symptoms, sometimes not any, to indicate their existence.

FAILURE OF BROMIDE OF POTASSIUM IN PUERPERAL CONVULSIONS.

By T. D. Crothers, M. D.,
Of West Galway, N. Y.

In the Reporter of May 8th, Dr. Rothrock remarks of Bromide of Potassium—"some cases might be found in which this medicine, when fully tried, has been found powerless, though we have seen none such with attending report." As our experience has been unfortunate, with this remedy in convulsions, we give the Doctor and your readers the benefit of it.

Case 1st. Mrs. R., æt. 21. Primapara. Labor commenced morning of March 6th, 1868. Been troubled with dropsical swellings of feet and legs, for weeks before; no appetite and much nervous depression. Reached the house two hours after; found labor going on rapidly;

the os dilated and child in vertex presentation; pains severe; parts soft and dilated; membranes ruptured, and everything indicated a speedy termination. When suddenly a violent tremor followed by convulsions came on, lasting one minute, followed by others of equal severity, after intervals varying from twelve to twenty minutes. The head of child lay in cavity of pelvis, and with the forceps delivery was affected with no difficulty. The placenta came away; the uterus contracted, with little hemorrhage. The child living. One grain of morphia given; no chloroform could be had; bromide of potassium given in sollution thirty grains every hour. The pulse 130 and upwards. No effect apparent; the convulsions continuing as before; bladder and rectum emptied on delivery; sinapisms to neck and feet; patient in a comatose condition. Five hours after chloroform obtained, and frequent inhalations given with no benefit; patient succumbed two hours after; in all ten hours after labor came on. There bromide of potassium was a failure; the case *uræmic eclampsia*. The determining cause; contents of uterus, bladder and rectum removed. It failed as a general sedative to nervous and vascular systems; it failed when given heroically, and with other remedies.

Case 2d. Mrs. Q, aged 19; first labor; six months gone; in good health; while picking berries, was overcome by the heat; reached home with the assistance of neighboring women. [This was in August last.] Taken with pain, which continued at irregular intervals through the night; in the morning convulsions came on; reached the house soon after; convulsions severe; spasms lasting 40 seconds, followed by tremblings and rigid condition of body; then another spasm, and so on for two minutes, when they ceased; then an interval of fifty minutes, and the same symptoms came on again; the intervals were marked by a deep comatose condition of body; chloroform given until two ounces were taken, all that could be obtained at that time; then bromide of potassium given in twenty-five grain doses every hour; the os was rigid, and the parts contracted, and on consultation it was decided to bring on labor; a sponge tent introduced, and the os forcibly dilated; contraction of uterus, and descent of fœtus began slowly; one hour after it was extracted with difficulty—a well-formed, healthy child, dead; evidently been so for some hours; little hemorrhage followed, and natural contraction took place; patient sustained by brandy and beef tea per mouth and rectum; pulse 130; temperature 104 degrees and upwards—until an hour before death, when it ran up to 106 degrees; the convulsions and comatose state continued; bromide of potassium given in 30 grain doses, then 35 grains until death followed, eighteen hours after the commencement of labor; potassium had been given ten hours without any visible effect, except a slight increase of the pulse. If potassium had power as a sedative, its effect would have been apparent; given heroically for ten hours, it failed completely.

Case 3. Under the charge of Dr. S——, seen in consultation, Mrs. H., aged 24; primapara; a healthy, strong woman; confined at the usual time; labor natural; head presentation; membranes ruptured early; labor eighteen hours long; child living; uterus contracted; little hemmorrhage; forty minutes after delivery convulsions came on; morphine one grain given; one hour after, forty grains of bromide of potassium given, and continued until death four hours after; convulsions lasted from 40 to 60 seconds; pulse 140; body covered with cold sweat. Here bromide of potassium was useless. The symptoms all continued up to the last. A review of these cases indicates:

1st. A case of uræmia; potassium bromide given, alone, and with chloroform heroically; no sedative effect.

2d. A case of apoplectic convulsions; chloroform given, then bromide of potassium; no effect.

3d. Epileptic convulsions; morphine given with bromide of potassium, the result as above.

Bromide of potassium in my hands is a violent irritant, in large doses, to the mucus membrane of stomach and mouth, and in each of the above cases produced vomiting after the fourth and fifth doses. I have found the same effects in all cases where it is used heroically. My experience has led me to believe that Dr. BILL's theory of its action in his article in the *American Journal of Medical Science* for July, 1868, is true: "That in small doses it is an anæsthetic to the nerves of mucus membrane, and depressor of their action; its hypnotic effects are secondary." I think the use of this drug unsafe in convulsions—because it is not always a general sedative to the nervous system, nor is it prompt or reliable, in its effects. I think it is contra-indicated because if it

does no good, it may add new sources of irritation to the nervous disturbances of the system. Again we have numerous sedatives and anæsthetics whose effects are well known, and we are seldom justified in laying aside well known remedies for those of uncertain effects, in so serious a case as convulsions. In the above cases bromide of potassium given with other remedies and alone was a failure. This is but the experience of one, and should deter no one from carefully examining the subject.

Medical Societies.

ORGANIZATION OF THE MEDICAL SOCIETY OF THE STATE OF TEXAS.

Pursuant to call of the Washington Medical Association, physicians representing about twenty counties of the State, met at the Hutchins House in Houston, on Monday, the 14th inst., and proceeded to organize a State Medical Association.

Dr. J. A. Lawrence, of Anderson county, was called to the chair temporarily, and Dr. E. L. Massie, of Houston, was appointed Secretary.

A committee was appointed by the Chair to report on a constitution and by-laws for the government of the Association.

The Constitution and By-Laws was then submitted by the committee, and adopted—it being the same in chief as that of the American Medical Association, with its code of ethics. The committee on nominations for permanent officers then made their report as follows:

Dr. T. J. Heard, of Galveston, President.

Dr. R. H. Jones, of Washington, 1st Vice-President.

Dr. D. R. Wallace, of Waco, 2d Vice President.

Dr. A. Connell, of Houston, Secretary.

Dr. W. P. Riddle, of Houston, Corresponding Secretary.

D. F. Hassenburg, of Houston, Treasurer.

The report of the committee was received, and the committee discharged. The officers were then elected. The report of the Committee on Credentials was called for. Dr. Jones, on behalf of the committee, moved that inlieu of the report, the name of each applicant, with his credentials, be read and voted on separately, which was agreed to.

On motion, it was resolved, that the proceedings of this Association, together with the Constitution and By-Laws, and code ethics, be published in pamphlet form, and distributed throughout the State.

The Association then adjourned to meet in Houston, on the 14th of June, 1870.

Editorial Department.

Periscope.

Remarks on a Mode of After-Treatment in Operations Upon the Urinary Organs, With Illustrative Cases, in the British Medical Journal.

Mr. T. R. Jessop, F. R. C. S., Surgeon to the Leeds Public Dispensary; Lecturer in Physiology at the Leeds School of Medicine, has the following:

Although the two principle operations upon the urinary apparatus—lithotomy and perineal section—are surrounded by many difficulties and dangers, it will be readily admitted that, if it were possible to do away with the presence of urine for a sufficient length of time after the operation to allow of the wound being healed—if it were possible, that is to say, to put wounds of the urethra under like conditions with wounds in most other parts of the body—these operations would be deprived of more than half their terrors. The structures through which the surgeon cuts in the removal of a stone from the bladder, or in the division of a stricture, are not of that importance, that their entirety is necessary to the well-being of the individual; they have no vital functions to perform; they may be divided and redivided; they may be so much altered by inflammatory disease, as to be hardly recognisable, and yet be equal to the performance of their offices, in such a manner, that the rest of the system shall know nothing of their imperfections. So long as the urethral passage remains tolerably patent, it matters little what the condition of its immediate surroundings may be. Wounds of the urethral walls, and of the prostrate, heal readily enough oftentimes under the most unfavorable circumstances; and in cases where the urethra has been laid open to a very considerable extent, where the prostrate has been freely incised, and the tissues of the bladder itself even divided, there is every reason to believe, that union would be rapidly and safely effected, were it not for the interference by the flow of irritating urine over the cut surfaces.

To pelvic cellulitis from *urinary* infiltration, to peritonitis, derived by extension of inflammation from the prostate made to suppurate by the flow of *urine* over its cut, torn, or crushed surface, to pyæmia, induced by the absorption of pus from the recently

made *urinary* fistula, the lithotomist will attribute a large proportion of his mortality. On two occasions, at least, I have found the pelvic cellular tissue in a state of suppuration, and more frequently I have known peritonitis to have have been present on *post mortem* examination in cases which had undergone perineal section; occurances which had undoubtedly been caused, either directly or indirectly, by the poisonous influence of the *urine*. It is entirely due, moreover, to the frequent escape of *urine* through the wound, that troublesome fistulous openings every now and again remain, after the urethra has been laid open. It was in the endeavor to prevent this this untoward occurrence in a youth, who had previously shown a peculiar tendency to the formation fistula, that I first adopted the plan, which it is my object in this communication to advocate.

In speaking of the treatment of urinary fistula, Sir Henry Thompson, in his Sixth Lecture, published in the *Lancet*, says: "It was sometimes attempted to cure such fistula by tying in a gum catheter for weeks or even for months; but this always fails, and for this reason, that urine always finds its way from the bladder by the side of the catheter, along the urethra, and so into the fistula, by the force of capillary attraction, and thus the object supposed to be attainable, in reality never was and never could be accomplished. The practical surgeon soon discovers that tying in an instrument never ensures the transit of all the urine through it; some will always pass by the side and defeat your purpose."

The experience of most surgeons, I imagine, will correspond with that of Sir Henry Thompson in showing that, when a catheter is fixed in the bladder urine does make its way by the side of the instrument; but whether this escape of urine is brought about by the force of capillary attraction may fairly be questioned. Were that so, surely there would be an incessant dropping of urine upon the bed, rather than the occasional involuntary gush, and the voluntary stream through the instrument on the withdrawal of the plug, or the turning of the stopcock: we should expect the bladder to be kept for the most part in an almost empty condition by constant dribbling, rather that to find, as I have many times found that there are several ounces of urine to be let off at each visit. That the sphincter at the outlet of the bladder is less powerful to retain urine when grasping a catheter, than when free to completely close the orifice it guards, the involuntary escape of the urine at all incontrovertibly proves; but that, when in a tolerably healthy state, it will allow the urine to flow by the force of capilliary attraction, I can hardly believe. The sphincter when at rest is closed, the whole uretha forms a closed canal, and it is none the less closed when it contains a catheter. Urine will pass by the side of the catheter only when forced by the contracting bladder behind, or when the bladder has become over-distended, and that too when from some independent cause the sphincter and urethral walls are paralysed. Nevertheless it cannot be denied that, where a catheter is retained in the bladder, the urine does flow more frequently, and is less under the control of the will than when the canal is throughout free to close itself; but this probably results from the irritation produced by the presence of the catheter in the bladder, giving rise to increased contraction of the muscular coat, rather than from the diminished resistance to further dilitation on the part of the sphincter itself. I have observed in cases of perineal section, where a plugged catheter has been retained, that, *if the plug has been withdrawn at short intervals*, the urine has flowed through and by the side of the instrument only at the time of the withdrawal of the plug, and that the bed has remained dry from one withdrawal to another. The bladder is capable, it would seem, of holding a few ounces of urine when a catheter is fixed in it, and expels its contents only after a certain amount of accumulation has taken place. If this accumulation can be prevented, there will be no forcible contraction of the bladder, and consequently no escape of urine by the side of the instrument.

Case I.—In November 1866, I was consulted by George M., aged 21, under the following circumstances. On January 20th, 1860, he fell astride the foot-board of his bed; very extensive extravasation of urine followed, and he was removed to the Leeds General Infirmary to be under the care of the late Mr. Teale. The usual incisions were made, and the urine flowed freely through the perinæum. On the 18th of February following, as no instrument could be passed into the bladder, and the urine continued to flow through the perinæum, Mr. Teale performed perineal section, and fastened a No. 8 catheter in the bladder, which, however, had to be removed next day, in consequence of the pain it occasioned. The urethra was kept open by the occasional introduction of the bougie, as long as he remained in the hospital, and until the wound was closed. In the following June he returned to the hospital with a perineal fistula, through which almost all the urine escaped, and with the urethra impermeable to the smallest instrument. A second time perineal section was performed, and a No. 8 catheter retained in the bladder for forty-eight hours. The same instrument was then daily passed for seven weeks, and afterwards twice a week during the few weeks he continued to attend at the hospital. When last seen there was still a small opening through which the urine flowed in drops. In October, he presented himself again, in a condition very similar to that in which he had been admitted in the previous June, and again the operation was repeated, a No. 8 catheter being retained for nine days, and subsequently passed twice a week until he once more ceased to attend. Nothing further was seen of him, until May 1864, when he applied at the hospital for an urinal to relieve him

from the annoyance of incontinance. He refused further treatment, although his was urine passed involuntarily for the most part through a small fistulouss opening immediately behind the scrotum. When he applied to me in November, 1866, the perinæum was wholly occupied by a large abscess, and there was a constant dropping of urine from the end of the urethra. He had discarded his urinal, and consequently the skin of the penis, scrotum, and insides of the thighs, as low down as the knees, was in an almost raw condition. I opened the abscess by a deep central incision, and in a few hours urine flowed freely through the wound. When the swelling had subsided, and healing had proceeded apparently to its full extent, three-fourths of the urine was passed through the fistulous opening in the perinæum, and the remainder dribbled from the end of the penis.—I was unable to introduce any instrument into the bladder, even after the most perservering endeavours and with the aid of chloroform. I therefore performed perineal section on January 29th, 1867, and fixed a No. 10 silver catheter in the bladder. The end of the catheter was closed by a plug, which was directed to be withdrawn whenever the urine was passed. At each passing of urine some escaped by the wound, so that, at the end of three weeks, the edges of the now contracted wound had assumed a healed appearance, and it was evident that a permanent fistula was about to be formed. On February 20th, with the intention of preventing the accumulation of urine by the provision of a permanent drain, thereby securing a continued quiescent state of the bladder, and in the hope that the flow through the fistula would be wholly prevented, I attached an India-rubber tube, of the calibre of the catheter and two yards long, to the end of the catheter, and carried the unattached end into a vessel beneath the bed. The object was fully attained. Not a drop of urine was ever afterwards passed through the perinæum, and in a little more than four weeks the wound had quite closed. For six months I occasionally passed a No. 10 bougie. He remains well at the present time.

Case II—In May 1867, William C., aged 6 years, was brought to me from the country. In the previous January he had been cut for stone, and a large calculus weighing seven drachms had been extracted. For a time his symptoms disappeared, but they soon returned with increased vigor, and a fistulous opening at the inferior extremity of the cicatrix remained from which the urine was almost constantly droping. On sounding, I readily detected the presence of more than one stone. On May 22nd, I performed lateral lithectasy, and extracted four small phosphatic coated calculi, weighing together one drachm. In the external incision I included the fistulous track. Immediately on the completion of the operation, I passed through the penis, and fixed in the bladder, a No. 6 silver catheter, with India-rubber tube attached. In the evening of the same day a wet spot, as large as a crown piece, was observed upon the sheet; but as this was partially stained with blood, and had not an urinous odour, it was from the serum only. With this exception, if exception it could be called, *all* the urine passed through the tube. On the morning of May 25th, the tube and catheter were removed; the wound had closed at the surface. The urine continued to flow through the urethra, and on the 26th he ran about the house quite well.

Case III.—On March 12th, 1867, I removed a small oval calculus weighing two and a half drachms from the bladder of Mrs. M., aged 46, at Pudsey near Leeds. She had suffered from symptoms of stone for four and a half years, and during the last two years her life had been miserable in the extreme in consequence of the almost incessant straining to pass urine. The urethra was *rapidly* expanded by Weiss's dilator, to such an extent as to allow a pair of ordinary small sized lithotomy forceps to be introduced between the blades of the instrument; the stone was then seized, and was readily withdrawn. The extent of the dilatation required for the extraction of the stone grasped by the forceps is represented by a circle, whose diameter measures seven-eighths of an inch. A silver female catheter, with India-rubber tube attached, was fixed in the bladder, and retained until March 18th. During the entire treatment not a single drop of urine ever escaped upon the bed, and when the catheter was removed she could retain her urine for an hour and a half. She now has perfect control over her bladder, and is quite well.

Case IV.—In December 1867, I was called to see Mrs. B., who five days before had been delivered of her first child. Her labor had lasted many days, and finally a dead child had been extracted by instruments. For the first two days after her delivery, she had not passed any water, and since then she had suffered from violent abdominal pain, and her bed had been constantly soaked with fœtid urine. I found the bladder distended so as to reach above the umbilicus, the vagina in a putrid and sloughing state, and urine dribbling from the orifice of the urethra. A very large quantity of decomposed urine was at once drawn off through a catheter, which, with India-rubber tube attached, was fixed in the bladder. The friends were directed to syringe the vagina several times daily with warm water. The catheter was removed at the end of six days, having during the whole of that time been the means of keeping the bladder continually empty, and the bed perfectly dry. The patient ultimately recovered with no other defect than a contracted vagina.

I might cite many other cases; but these are sufficient, I think, to prove that it is quite possible, by the means I have indicated, to carry off all the urine as secreted both from the male and female bladder, without allowing any to escape by the side of the instrument; indeed, whilst I have in dozens of in-

stances proved the fact, I have not yet met with a case in which urine escaped by the side of the catheter.

It would seem then that, if the urine be allowed to accumulate even to a slight extent, whilst a catheter is retained in the bladder, as is necessarily the case where *plugged* catheter is made use of, the bladder will by its contraction force some of its contents out by the side of the catheter, and so defeat our object; whereas, if a continuous drain be provided, whereby the bladder can be kept constantly empty, the urethra, even when it has been freely incised, or, as in the third case narrated above, when it has been very considerably dilated, may be kept free from the contact of urine.

I need hardly dwell further upon the importance of this fact in the after-treatment of operations upon the urinary apparatus. I am sanguine enough to think that the use of the continuous drainage-tube may be the means of materially diminishing the mortality in these cases, by removing the principal barrier to union by first intention of the incisions into the urethral canal.

Before concluding, I am anxious that I shall not be understood to be putting forth a claim to have been the first to have attached an India-rubber tube to the end of catheter, for the purpose of carrying off the urine into a vessal beneath the bed; for I am well aware that several surgeons have anticipated me in that they have made use of the tube for purposes of cleanliness and convenience, but I am not aware that it has ever before been suggested as a *principle* of treatment in lithotomy and perineal section. And yet, whilst my main object is to show, that in the India-rubber tube we have a means at our command by which urethral wounds may be rendered comparatively simple, I would take this opportunity of strongly recommending its extended application in many of those cases, whether in the male or female, in which the frequent use of the catheter is called for, on account of the great comfort which will be thereby secured for the patient, and the valuable convenience it will prove to the surgeon. I have known a medical man travel thirty miles a day, during many consecutive days, for the purpose of passing a catheter for a female after parturition, and I have lately restored the perineum by the usual plastic operation in a patient, who, owing to the distance at which she lived, would have been compelled at great inconvenience to have left her home, had I not been able to dispense with the necessity of regular catheterism by the use of the tube.

Vermont Registration Report, 1867.

The following abstract of the summary of observations appended to the Eleventh Annual Registration Report of Vermont, has been kindly furnished us in advance of its publication, by the author, L. C. BUTLER, M. D., of Essex.

The registration of 1867 comprises returns from all the towns in the State save five; these are East Haven, Bloomfield, Brighton, Woodford and Fair Haven, having an aggregate population of 3,158.

During the year, the whole number of births in the State was 6,468; of which 3,272 were males and 3144 were females. Of 52 the sex is not stated.

During the same period, the marriages were 2,857 couples or 5,714 persons, a number less by 144 couples than were reported in 1866, but considerably greater than the number reported for any year previous to that.

The number of deaths for the same period was 4,088, of which 1,975 were males and 2,083 females. Of 30 the sex is not given.

Compared with 1866 the number of births was 64 less; 115 greater than in 1865, and 715 greater than in 1864.

The deaths were 247 greater than in 1866, when 3,841 were reported; 770 less than in 1865; 1,205 less than in 1864, and less by 219 than the average for eleven years past, 1857–67.

The population of the State being 315,098, there was during the year one birth to every 48.7 of the inhabitants, against one to every 48.2 in 1866. One person out of every 55.1 was married, against one for every 50.8 in 1866; and there was one death to every 77 persons living, against one to every 82 last year.

The average number of births daily was 17.72, last year 17.62. The number of marriages was 7.82 daily against 9.43 in 1866, and of deaths 11.2 against 10.52 last year.

The average age of those who died was 38.14, last year 38.48.

POPULATION AND BIRTHS.

According to the United States Census of 1860 Vermont has remained nearly stationary in population, her increase being only 978 in ten years. By the small margin of "one-third of one per cent. she was saved from a posi tive loss of inhabitants."

By reference to the Registration Reports of the State for the eleven years past 1857-67 inclusive, it appears that the total number of births during that period was 66,432 and of deaths, 47,379, showing an apparent increase of population of 19,053 or a mean annual excess of births over deaths of 1,732. Yet the United States census gives only an annual increase of *ninety-seven* from 1850 to 1860. During one-half of that period covered by that census, the excsss of births over deaths was equal to an annual increase of 2,285. Statements differing so widely can hardly both of them be true. And yet that Vermont is losing in population by the tide of emmigration which is flowing steadily away from her borders, can hardly admit of a doubt. Vermonters are found in every State and Territory of the Union.—The bone and sinew, intelligence, enterprise and worth of the Green Mountain State, are giving character and energy to the rising institutions of the

from the annoyance of incontinance. He refused further treatment, although his was urine passed involuntarily for the most part through a small fistulouss opening immediately behind the scrotum. When he applied to me in November, 1866, the perinæum was wholly occupied by a large abscess, and there was a constant dropping of urine from the end of the urethra. He had discarded his urinal, and consequently the skin of the penis, scrotum, and insides of the thighs, as low down as the knees, was in an almost raw condition. I opened the abscess by a deep central incision, and in a few hours urine flowed freely through the wound. When the swelling had subsided, and healing had proceeded apparently to its full extent, three-fourths of the urine was passed through the fistulous opening in the perinæum, and the remainder dribbled from the end of the penis.—I was unable to introduce any instrument into the bladder, even after the most perservering endeavours and with the aid of chloroform. I therefore performed perineal section on January 29th, 1867, and fixed a No. 10 silver catheter in the bladder. The end of the catheter was closed by a plug, which was directed to be withdrawn whenever the urine was passed. At each passing of urine some escaped by the wound, so that, at the end of three weeks, the edges of the now contracted wound had assumed a healed appearance, and it was evident that a permanent fistula was about to be formed. On February 20th, with the intention of preventing the accumulation of urine by the provision of a permanent drain, thereby securing a continued quiescent state of the bladder, and in the hope that the flow through the fistula would be wholly prevented, I attached an India-rubber tube, of the calibre of the catheter and two yards long, to the end of the catheter, and carried the unattached end into a vessel beneath the bed. The object was fully attained. Not a drop of urine was ever afterwards passed through the perinæum, and in a little more than four weeks the wound had quite closed. For six months I occasionally passed a No. 10 bougie. He remains well at the present time.

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The number of deaths for the same period was 4,088, of which 1,975 were males and 2,083 females. Of 30 the sex is not given.

Compared with 1866 the number of births was 64 less; 115 greater than in 1865, and 715 greater than in 1864.

The deaths were 247 greater than in 1866, when 3,841 were reported; 770 less than in 1865; 1,205 less than in 1864, and less by 219 than the average for eleven years past, 1857–67.

The population of the State being 315,098, there was during the year one birth to every 48.7 of the inhabitants, against one to every 48.2 in 1866. One person out of every 55.1 was married, against one for every 50.8 in 1866; and there was one death to every 77 persons living, against one to every 82 last year.

The average number of births daily was 17.72, last year 17.62. The number of marriages was 7.82 daily against 9.43 in 1866, and of deaths 11.2 against 10.52 last year.

The average age of those who died was 38.14, last year 38.48.

POPULATION AND BIRTHS.

According to the United States Census of 1860 Vermont has remained nearly stationary in population, her increase being only 978 in ten years. By the small margin of "one-third of one per cent. she was saved from a posi tive loss of inhabitants."

By reference to the Registration Reports of the State for the eleven years past 1857-67 inclusive, it appears that the total number of births during that period was 66,432 and of deaths, 47,379, showing an apparent increase of population of 19,053 or a mean annual excess of births over deaths of 1,732. Yet the United States census gives only an annual increase of *ninety-seven* from 1850 to 1860. During one-half of that period covered by that census, the excess of births over deaths was equal to an annual increase of 2,285. Statements differing so widely can hardly both of them be true. And yet that Vermont is losing in population by the tide of emmigration which is flowing steadily away from her borders, can hardly admit of a doubt. Vermonters are found in every State and Territory of the Union.—The bone and sinew, intelligence, enterprise and worth of the Green Mountain State, are giving character and energy to the rising institutions of the

great West and sunny South. The extent of this depleting process by which Vermont is constantly being deprived of her most substantial citizens, is shown by the mere fact that from 1850 to 1860, 174-765 of her inhabitants emigrated to other States and Territories in the Union, whilst only 43,198, came to Vermont from other States. In ten years, therefore, Vermont lost of her inhabitants by emmigration alone, 131,567, or 13,156 annually. Or deducting the excess of births over deaths in the State during the period covered by both the United States Census and the Registration reports 1857-60 inclusive, and we still have a net loss of 122,427 or 12,242 annually. If this rate of depletion has continued since, (and we know of no cause which has arrested it) the ninth United States Census will show a large actual decrease of our population; and that while we have a yearly excess of births over deaths, still emigration absorbs all that excess and largely overbalances the apparent increase.

BIRTHS.

The number of births for the year 1867 was 6,468. The average annual number for eleven years 1857-67 is 6,039 which is 1,732 more than the average annual number of deaths for the same period. The birth rate for 1867 was 2.05 or one to about 48.7 of the inhabitants. It was the highest in 1859 being 2.11 or one in every 47.7 of the population, and the lowest in 1864, the year previous to the close of the war, being 1.68 or one in 61 of the inhabitants. During the first year of peace it rose to 1.69. In 1866 it was 2,07. The average for eleven years is 1.93 or one in 52.25 of the population.

In England, with a population of eighteen millions during twenty-six years from 1838 to 1863, the average birth rate was 3.33. In Massachusetts with a population of 1,267,031 the highest rate was 2.90, 1852; 2.85 in 1856-60; the lowest in 1862-5, the war period, 2.46, and in 1866 rising to 2.69.

The proportion of the sexes born in the State in 1867, was 104 males to each 100 females.

The largest number of births, 480, occurred in October, last year in September; the smallest in March, last year in January. One hundred and thirty plural births are recorded, among which were *four* cases of triplets, viz: in Monkion *two* females and one male: in Whiting and Benson each *three* males, and in West Haven *three* females. Eighty-two are recorded as *still-born*, which is probably somewhat under the actual number.

In regard to parentage the greatest ratio of American births was in 1861, the first year of the war, when it was 58.7 and the smallest ratio in 1864 the year before its close, when it was 83. The ratio has been gradually increasing since and is now very nearly what it was in 1859.

On the other hand the greatest ratio of foreign births was in 1866:—19—; and the smallest in 1864, when it was 32. The figures for 1867 show an increase of American births and a decrease of those of foreign parentage. The fears entertained by some, therefore, that the foreign population, might ere long outnumber the American, by natural increase, is hardly verified by the latter registration statistics of the State.

In no county of the State have the births of foreign parentage exceeded those of the native population.

MARRIAGES AND DEATHS.

The number of marriages recorded is less by 144 than in 1866. Of these 3,411 are set down as Americans; 490 as foreigners and 1,783 as unknown.

The largest number of marriages was in Windor county, and in the month of November; the smallest in Grand Isle county, and in April. The ratio of marriages to population is one to 110, or one person married to every 55 persons living. The average for eleven years is one to 141.6, or one person married to every 70.8 living.

In 796 instances the bride was under 20 years of age; in 76 the groom was under 20, and in 57 instances both parties were under 20. Twenty-two men and two women were over 70 years of age. Three widowers over 70 married maids over 40, 60 and 70 respectively.

The effect of marriage upon the longevity of the sexes is a subject worthy of investigation. Unfortunately the statistics given in our Registration report do not show the married or single condition of those who die, so minutely as to afford the data upon which we can safely base our calculations or inquiries.

DEATHS.

The deaths in 1867 were 247 greater than in 1866, and 219 less than the average for eleven years, 1857-67, the average being 4,307, or one to every 74 inhabitants.

The counties of the State rank in healthfulness as follows: Windsor, Rutland, Windham, Chittenden, Washington, Caledonia, Orange, Franklin, Bennington, Addison, Orleans, Lamoille, Essex, Grand Isle.

More than one-third of all the deaths in the State occur under the age of ten years. Sixty-six died between the ages of 90 and 95. Seventeen were above 95 and *five* were one hundred and upwards, viz: Esther Smith, of Chelsea, 100 years and two months; Grace Davis, of Halifax, 102 years and 26 days; Sarah Caldwell, of Hubbardton, 100 years; Thomas Still, of Sandgate, 102 years; Nathan Smith, of St. Albans, 100. Of all the decedents, 1,975 were males, and 2,083 females.

The number of deaths during the year is equal to 1.29 per cent. of the population. Last year it was 1.21 per cent. The average per cent. for eleven years is 1.36. In Massachusetts the death rate for 1866 was 1.86. The rate for all England is about 2.21. The standard of normal mortality in that country has been generally recognized to be 1.70

per cent. or *seventeen* in a thousand, and as the mortality ranges above or below this point so it is reckoned healthy or unhealthy. This standard is not, however, absolutely fixed, and it is liable to change with succeeding generations. It is only an approximation, a point aimed at but hardly ever reached. Assuming this, then, to be the standard death rate, the results of our registration must be regarded as highly satisfactory, and as indicating that the prospect of long life in Vermont is not only better than in our sister State of Massachusetts, but is as good to-day as that of the inhabitants of any civilized country.

CAUSES OF DEATH.

No desolating epidemic swept over the State during the year, and yet the number of deaths was increased, and the increase pertained to all the classes of disease save the violent. Diptheria caused the death of 73, against 190 in 1866; about one-half were under *five* years of age, and more than two-thirds were under *ten*. This disease reached the climax of its fatality in 1863, when 1,225 deaths were recorded. Since that period the number has gradually decreased, till now it is hardly more fatal than many other diseases, and has ceased to be dreaded as a desolating epidemic. Scarlatina was the cause of 21 deaths, all under ten years of age, a much smaller number than in any previous year. Scarlatina, or Canker Rash, is now understood to be non-contagious. It frequently makes its appearance in families and neighborhoods, none of whom have been exposed to it, and is thoroughly amenable to proper treatment. The fatality from Dysentery is larger than in 1866. One hundred and seventy-four deaths are recorded, against 139 in that year. One hundred and one were under five years of age. The greatest mortality was in August and September, the least in November and December.

The number of deaths from Fevers of all classes, was also larger than in 1866. In that year 228 deaths were recorded; in 1867, 286. The average annual number of deaths from this cause for eleven years is 313, or 6.6 per cent. of all the deaths.

The counties bordering on the Connecticut river show the greatest mortality from Fevers. Windsor, Orange, and Windham rank highest on the list. Next in order is the interior county of Washington, then Rutland in the southwestern part of the State, and then Caledonia on the upper Connecticut. Chittenden, Addison, Bennington, and Franklin on the eastern shore of Lake Champlain, then follow next in order; and last are Orleans, Lamoille, Grand Isle and Essex.

Forty deaths from Diarrhœa are recorded; 56 of Cholera Infantum; 73 from Whooping Cough; 7 from Cholera, one each in Franklin, Orange, Rutland, Washington, and Windham Counties, and two in Windsor county. Privation is credited with the death of *three* persons, *two* in Franklin, and *one* in Orleans Counties. Intemperance with *one* in Orange County, and Delirium Tremens with *none*, a gain of 200 per cent. from 1866.

But of all the diseases which afflict the human race, no one proves so destructive to so many lives as Consumption. An epidemic like cholera or diphtheria may sweep over the land and carry off many more in a given year, but none can compare with consumption in its annual ravages. Year after year it invades about the same number of households, and consigns about the same number of victims to an early grave. It takes the lead of all the long line of causes which arrest the current of life, not only in Vermont, but in *twenty-one* States of the Union. And if we connect with it all other descriptions of lung disease, the census of 1860 shows that no other cause is so fruitful in death. During the year 1867, consumption caused the death of 792 persons, or 20.63 per cent. of all the deaths in the State. Every county in the State is represented, and every month in the year. The average annual number of deaths from this disease for eleven years is 755, or 18.57 per cent., and of all tubercular diseases 812, or 20.56 per cent.

By counties the fatality was as follows;—Windsor, Windham, Washington, Rutland, Caledonia, Orange, Orleans, Franklin, Chittenden, Bennington, Addison, Lamoille, Grand Isle, Essex, or, if equally distributed, nearly 55 to each county. The months ranged as follows:—April, March, May, September, August, December, October, November, January, July, June, February. In 1866 the greatest number died in March, and the least in October. The average for each month is 64.8. By far the largest proportion of the decedents were between the ages of 20 and 40, showing that this disease completes its work of destruction in the prime and vigor of life. Beyond fifty the number of deaths is small, while there is only an exceptional one at eighty.

The geographical distribution of consumption is about equal through the counties, in proportion to the population.

Spontaneous Rupture of the Heart.

At a meeting of the Dublin Pathological Society, March 28, '68 (Dublin *Quarterly Journal of Medical Science*, November, 1868, p. 471), Dr. T. E. LITTLE said that cases of spontaneous rupture of the heart were sufficiently rare to render them of interest. The subject from whom the specimen was taken was a gentleman aged 60 or 65, who had never suffered from any symptoms referable to heart before the attack which terminated fatally. He had fallen into a condition of extreme corpulence. About eight hours before his death, after his ordinary dinner, he was attacked by a sudden feeling of oppression about the pericardium, and a sense of weakness, and he vomited very considerably. In a short time he recovered so as to take a walk. Dur-

ing the rest of the evening he felt weak, shivered once or twice, and had a couple of attacks of vomiting, but felt so well that he would not allow a Doctor to be called in. He went to bed, and soon afterwards felt a sudden return of the feeling of oppression, and died perfectly quietly "as if in a faint," his wife said.

The post mortem showed that the point of rupture had taken place at the usual position, *i. e.*, at the front of the apex of the left ventricle. On the outside it presented a slight slit-like appearance of about a quarter of an inch in length, and it had taken place at a point where a large mass of superficial fat was deposited. Inside, the carneæ columnæ were considerably broken up at the seat of rupture. There was another point in connexion with this of some interest. Just anterior to, and at the right side of, this *complete* rupture, there existed a second, and *partial*, rupture, the muscular fibres being completely broken through, but the pericardium remaining, as it could be still exhibited to remain, unruptured. This partial rupture was distended with blood, and presented on the surface of the heart a small ecchymotic-like spot: so that they had here, as it were, a comment upon what had occurred in the other and more advanced lesion. Thus they could easily believe that the rupture did not occur as a single act; but that possibly, first a breaking up of the carneæ columnæ occurred, then a total rupture of the muscular walls (as in the case of partial rupture), and that not until some time afterwards did the pericardium give way.

The clinical history of the case also confirmed this view. The man had symptoms directly referable to some sudden lesion of the heart, which were not immediately fatal, and it was not until several attacks of these symptoms were repeated that he died. The valves were perfectly healthy, if we except the existence of a few spots of atheroma. The coronary arteries, with the same exception of a slight degree of atheromatous deposit, were also quite healthy; and there was nothing to explain the lesion in their condition.

A microscopic examination of the heart showed a condition of fatty degeneration of the cardiac muscular tissue, extremely capricious in its extent in different regions, so that he could with difficulty say where the greatest amount of it was to be found. Where the rupture took place some of the fibres were extremely degenerated, while in the immediate neighborhood of it there were others unaffected, in which the transverse striæ were perfectly distinct. Strange to say, it was in the right auricles that he found the degeneration of the fibres to have advanced further than in any other place examined. The microscope also showed that in certain places a deposition of adipose tissue had occurred interstitially, *i. e.*, between the fibres in the substance of the cardiac walls; and this not as a mere extension of the superficial deposition, for it was most pronounced in certain of the musculi papillares.

If he spoke of the pathological anatomy of this heart, as to the fat it contained, there were three points to be considered: Firstly, adipose deposit on the outside; secondly, the interstitial deposit of fat between the fibres; and thirdly, the true fatty degeneration of the muscular fibres. Another fact observed by the microscope was, that imbedded in the fibres of the right side (where alone this was observed) there was a quantity of crystalline structures of a reddish brown appearance, which he took to be blood crystals. As to the etiology of these conditions, they might easily believe that the adipose depositions were connected with and a part of, the general corpulent condition that this man had fallen into during the latter years of his life; but he believed pathologists did not think fatty degeneration of the heart had any connexion with corpulency; nor indeed did there appear to be any good reason why such a connexion should be expected to exist in the heart's case, which clearly does not maintain in cases of the same lesion in other organs. It might be possible, however, that, whereas fatty degeneration was not connected with a general tendency to deposit of fat, at the same time the impediment placed upon the nutrition and functions of the organ by the quantity of fat collected round it might have led to this as a secondary lesion, and that thus the two conditions might stand to one another in the relation of cause and effect.

Resuscitation of Asphyxiated Infants.

The following case is given by Dr. J. P. CHESNEY in the Leavenworth *Med. Herald*:

CASE.—At 3 o'clock A. M., February 28, 1868, I was in attendance on Mrs. S., in confinement with her second child. On making digital examination as to the progress of the labor, I found the feet presenting; the dilatation was completed, and the body and extremities of the child delivered at 4 o'clock; but here the labor was arrested by a failure on my part to deliver the head. The child was strong, and made convulsive efforts as if to relieve itself from its strangulation; I still, of course, using my best skill in attempts to disengage the head, whilst I at the same time tried to admit air to its mouth and nostrils. All my exertions at delivery were, for the time, fruitless, and I was very unwillingly compelled to witness the final cessation of all movements in the child—the heart and cord were pulseless, and the child was dead, and I had well satisfied myself of this fact many minutes before I unhesitatingly declared the fact to the attendants. As the mother was doing well, and there was now nothing to necessitate special expedition in the delivery, I manipulated at my leisure, and, after what seemed to me a long time, I succeeded in completing the delivery.

I now, merely for the purpose of experiment, and with not the remotest idea of accomplishing anything so valuable as the saving of a life in this instance, set about artificial respiration, by holding the nose of the babe, adjusting my lips to its mouth, inflating the lungs, and then, by gently compressing the chest, again forcing the air from them, in imitation of expiration. The facility with which I could accomplish this, induced me to keep it up for a considerable time, out of mere idle curiosity. It chanced that in one of the expiratory manipulations, I thought I felt a slight quivering, or vibratory motion, in the region of the child's heart; but on closer examination I found not the least motion; I still kept up the respiration, and very soon perceived the motion again, succeeded directly by a spontaneous effort at inspiration. Work was now resumed in earnest, and in a very few minutes the child could breathe so well that I took time to look up, and to my surprise it was broad daylight, and the sun nearly up! I was really surprised, as before stated, to see what a time I had been engaged with the case; and although I omitted to look at my watch at the conclusion, I am well satisfied that, from the moment of the cessation of the heart's action, until its return again by the artificial respiration, must have been no less time than *two hours* at the very shortest reckoning.

I am well satisfied that the notion that death is inevitable when the heart has ceased to beat for five minutes, is fallacy—at least so far as the new-born babe is concerned—and I have learned, moreover, that we are *hardly ever* justified in putting the still-born child aside as irrevocably lost, without first making persistent exertions for its resuscitation.

I may add that the child above noticed is now a fine healthy boy, some days in his second year; and any one seeing him now, and not aware of the facts above narrated, would be loth to believe that he had in reality paid a visit of two hours to the realms of the dead.

Nine Bones in the Cranium.

Wm. J. Burge, M. D., Atchinson, Kansas, makes this note in the Leavenworth *Med. Herald*:

There is a curious skull in the possession of Mr. E. D. Wilson, of Waterville, Kansas, which I had the pleasure of examining, about a year ago, and which seems to me worthy of a passing notice. It is the skull of an adult, and is said to have belonged to a negro while it was animated. The only observable peculiarity is the formation of the occipital bone. From about one inch and a quarter on each side of the junction of the saggittal with the lamdoidal suture, there is a perfectly distinct suture, the two meeting just above the occipital protuberance, and forming a lozenge-shaped bone. I have looked in vain through the works on anatomy within my reach for any mention of anomalies of the occipital. Should this lozenge-shaped bone be separately nominated, or must we regard it as a rare division of the occipital? Mr. W. informed me that this peculiarity exists in the skulls of all negroes. I could not swallow that statement without further proof.

Query.—Has the negro one more bone in his cranium than the white man, and, if so, why has it not been named?

[This is unquestionably merely "a rare division of the occipital." No such peculiarity is usual in negro crania, but such anomalies are more frequent with them than with the white race.—Eds. Rep.]

Interesting Antiquarian Discoveries.

At a meeting of the Royal Asiatic Society, London, May 31st, Sir Henry Rawlinson expressed his conviction that the Babylonian writings and monuments now in the possession of the British Museum would turn out to be intimately connected with the earliest Biblical writings, and that, before long, the whole of the early history given in the Book of Genesis, from the time of Abraham downwards, would be found existing in its original form among these primitive stone records. He also announced that in a short time he should submit to the Society evidence that the name "Garden of Eden" was the old and natural name of Babylon. He stated that there were Babylonian documents which gave an exact geographical description of that Paradise in which the opening scene of human history is laid, answering precisely to the topography and the geodesical particulars of Holy Writ. In them he has found the four rivers, or rather, the four branches of "the river which went out of Eden to water the garden," mentioned by the very same names, Pison, Gihon, Hidekel and Euphrates. He has also met with accounts of the Flood and the building of the Tower of Babel, which bear with singular directness and value upon the Biblical narrative of those events.

Opium Culture in Texas.

A correspondent of the *Scientific American*, writes:

"The frequent mention of the poppy in the recent numbers of your paper, and of the possibility of its successful cultivation in America, reminds me of the acres of this flower that I have seen growing wild in Texas. In portions of Texas, at this season of the year, you will see whole acres covered with the white poppy in bloom, standing as thick as you ever saw wheat growing in a wheat field. About West Liberty, Columbus, and other towns, it grows spontaneously on every uncultivated spot. I was informed that very good opium had been made from this wild white poppy in Texas. If any one wishes to cultivate the poppy for opium, or the *Palma Christi* for castor oil, Western Texas is the country for him to go to find the proper soil and to buy land cheap."

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JULY 10, 1869.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., Eds

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

TO SUBSCRIBERS.

The 21st volume of the MEDICAL AND SURGICAL REPORTER began on July 3rd. A large number of subscriptions are due from this date, and we look to a prompt response to the bills already sent out and being sent.—*Our bills always call for* PAYMENT IN ADVANCE.

THE STATUS OF MEDICAL SCIENCE.

In a recent article on this subject, the *Scientific American* has the following conclusion:

"On the whole, we do not think the prospects of the drug trade, for a brisk business, during the latter half of the twentieth century, are altogether flattering. Before the expiration of that period, man will, perhaps, not have practically learned that diseases may be warded off by a clean, temperate life; but he will at least, have learned that diseases, once acquired, cannot be cured by cathartics, emetics, or any of the other "ics," and, throwing himself upon nature, will give her the best chance to work he can, and thus secure the only possible chance he has for recovery."

What astonishing twaddle this is for a paper which calls itself *scientific* to perpetrate! And on what is it founded? On a few newspaper and magazine reviews of medical works, especially one recently published in the London *Quarterly*, written by men who evidently had no real knowledge of their subject, as any well educated medical man could see on reading a page.

The time will never come when cathartics, emetics, venesection, sudorifics and hypnotics will be discarded by the physician of wide culture and sound experience. Quacks and narrow-minded, one-ideaed men there always will be, as there always have been, who will discard, and seek to make capital by inveighing against this or that means to combat disease.

It is quite time that physicians ceased to countenance this depreciation of drugs. We know, if we know anything, that the animal and vegetable worlds do provide remedies for disease, means of allaying pain, materials to attack, successfully, symptoms. We know that the pharmacopœia contains many an article used and approved by every generation since the days of Hippocrates. We know that every year that pharmacopœia is extended and enriched by the addition of new and potent preparations and substances, which will be treasured through all coming time.

What if for a time, or entirely, a new remedy, more pleasant to the taste, cheaper, easier obtained, or more efficient, supplants an old one? Is therapeutics any the less sure, any the less a sound, trustworthy art?

PATENT-RIGHTS.

We referred recently to the change in the views of medical men in Great Britian, which is now taking place with reference to the propriety of taking out patents for surgical instruments. Although our own views have often been expressed in this journal to the effect that so long as this is insisted on as an article in the code of ethics, it is proper to observe it, yet the time may come when we should discuss anew that article.

Recently the senior editor of the N. Y. *Tribune*, Mr. HORACE GREELEY, in an editorial, discussed, with his usual clearness and force, the influence of labor-saving machinery upon the civilization and progress of the world, and showed the immense value and benefits which have resulted from inventions, contributing, at the same time, his protest against the efforts of those who would seek to abolish, or disparage, the system of protecting the property right of inventors and authors to their discoveries and works. The discussion of this subject by Mr. GREELEY is timely, especially when viewed in connection with the recent effort in the British Commons, to secure the abolishment of the Patent System of Great Britian, and the change in the view of the medical patents we have alluded to.

—— FIBRIN OF BLOOD.—Messrs. Bauchamp and Estor maintain that the so-called fibrin of blood is only a kind of membrane formed by the microzymas associated with a substance secreted by them by means of the albumenoid substance of the blood.

Notes and Comments.

THERAPEUTICAL BULLETIN.*

Compiled by Geo. H. Napheys, M. D.

No. 19.

This column will contain each week a collection of the Recipes, remarkable for their novelty and elegance, *now in use* by prominent practitioners, as recommended by them in recent lectures at College and Hospital Clinics, and at meetings of Medical Societies, in newly published monographs and systematic treatises, and in the current medical periodicals of this country and Europe. It will include formulæ for hypodermic injections, for inhalations, for rectal and vaginal suppositories, for ointments, lotions, collyria, etc,. etc.

This selection will be such that each prescription will commend itself, both by its intrinsic merits, and by the authority of the name of the physician by whom originated or employed. It is designed to give only the latest and best approved therapeutical expressions of the profession—to afford a periscope of the remedial measures resorted to by eminent living physicians.

It is proposed, hereafter, to classify these formulæ, and issue them in book form

Treatment of Gonorrhœa.

D. Hayes Agnew, M. D.

166. ℞ Tincture cubebæ, ℥ i.
Copaibæ, ℥ ss.
Liquoris potossæ, gtt. v.
Liquoris morphæ sulphatis, ℥ss.
Aquæ cinnamomi,
Misturæ camphoræ,
Pulveris acaciæ, aa. ʒj.
Sacchari albi, aa. gr. vij.

For one dose—three or four times a day.

Freeman J. Bumstead, M. D., New York.

167. ℞ Argenti nitratis, gr. 1-6. 1-4.
Aquæ destillatæ, ℥j. M.

Recommended as an efficacious and perfectly safe injection for the abortive treatment of Gonorrhœa. It is to be used every two or three hours until the desired amount of substitutive inflammation is attained. It is adapted only to the commencing stage; if employed after the discharge has become purulent and pain is felt in passing water, it is almost sure to fail and delay the cure. This injection should only be used under the supervision of the surgeon.

M. A. Cullerier, Surgeon to the Hospital du Midi, etc., Paris.

168. ℞ Copaibæ, f.ʒv.
Cubebæ, ʒiv.
Spts. menthæ piperitæ, q. s.
Fiat confectio.

From four to five drachms a day are given. This formula is one of the most frequently employed at the Hopital du Midi.

For the *abortive* treatment of gonorrhœa, our author uses large doses of Copaiba (f.ʒiv–v. a day) or cubebs (ʒv.–viij. a day). He considers them much more valuable than any of the abortive injections. They are to be employed only, however, when the gonorrhœa is of recent date, when there is little or no pain, and where the discharge is not as yet muco-purulent.

Under favorable circumstances, when the abortive treatment is thus employed, the discharge will diminish or disappear in the course of four or five days. The treatment should not then be suspended, but, on the contrary, continued for several days after the cure is apparently complete. If this precaution be neglected, the inflammation may re-appear. If, after from six to eight days, no improvement is manifest, it is useless to persist longer in this form of treatment. Astringent injections should not be combined with this use of the balsam. They have no advantage at this early period of the disease, and often keep up an amount of irritation, which may interfere with the effect of the internal remedy.

(Dr. C. P. Judkins, of Cincinnati, in the Cincinnati *Lancet and Observer*, for March, 1869, reports a number of cases of gonorrhœa treated, in their acute stage, in the manner recommended above by Cullierer. His results were very favorable.)

When the inflammatory period of gonorrhœa is over; when the discharge is unaccompanied with pain and erections have ceased; when, in short, there is no longer any danger of excessive irritation from local treatment, Cullerier advises injections to complete the cure.

The following are those most frequently prescribed at the Hospital du Midi:

169. ℞ Zinci sulphatis,
Plumbi subacetatis, aa gr. xv.
Aquæ, ℥ iv. M.

170. ℞ Aluminis, ʒss–j.
Aquæ, ℥ iv. M.

171. ℞ Acidi tannici, gr. vij.
Aquæ, ℥ j. M.

Two injections a day are sufficient. Before each injection the patient should urinate.

172. ℞ Bismuthi subnitratis, ʒv. ʒj.
Aquæ, ℥ vj. M.

This injection is useful in chronic discharges. The almost insoluble salt is deposited on the walls of the urethra and separates them, producing its good effects rather by this isolation of the surfaces than by its medicinal action. The patient should prepare the injection himself when he uses it. If kept a day or two it becomes acid and does harm.

Prof. S. D. Gross.

173. ℞ Copaibæ, f.ʒss.
Spts. ætheris nitrosi, f.ʒij.
Tincturæ opii, f.ʒj.
Sodæ bicarbonatis, ʒj.
Pulveris acaciæ
Sacchari albi, aa. ʒj.
Aquæ camphoræ, f.ʒiv. M.

Tablespoonful three times a day.

Dr. J. D. Hill, Royal Free Hospital, London.

174. ℞ Glycerini acidi tannici, f.ʒiij.
Olei olivæ,
Misturæ acaciæ, aa. f.ʒj. M.

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* Entered according to Act of Congress, in the year 1869, by Geo. H. Napheys, M. D., in the Clerk's office of the District Court for the Eastern District of Pennsylvania.

N. B.—This copyright is not intended to prevent medical journals publishing these articles, but only their being issued in book form.

This injection our author has extensively employed in hospital and private practice. It should be used in the following manner: The bladder having been first emptied, the bottle containing the lotion is to be well shaken, and about two drachms of it briskly poured into a saucer, and quickly drawn into a syringe. The penis is then to be held in the left hand, with the thumb and little finger respectively placed upon the superior and inferior portions of that organ close to the symphysis pubis and the fore and middle fingers resting in like manner upon the superior and inferior surfaces of the glans, close to the meatus urinarius. The syringe, with the piston withdrawn, is now to be taken up with the right hand, and the nozzle, as far as its shoulder, carefully passed into the urethra. The thumb and little finger must press the root of the penis to prevent the passage of any fluid beyond this point. When a sense of tension is felt the syringe may be withdrawn; but the front fingers must previously be so applied as to compress the glans, and thus prevent any escape of the fluid. Next, with the thumb and forefinger of the right hand the fluid in the urethra is to be set in motion, and so kept for or five minutes. This will be attended with a gurgling noise from the mixture of air and fluid. Thus, when the injection has insinuated itself within the folds and lacunal of the urethra, it is allowed to escape. In this manner, it is asserted, the bladder is protected on the one hand, and on the other there is a certainty of the fluid being applied to the whole of the affected surface.

Glycerinum acidi tannici is officinal in the British Pharmacopœia. It is made by rubbing together in a mortar, one ounce of tannic acid and four ounces ofglycerine, then transferring the mixture to a porcelain dish, and applying a gentle heat until complete solution is effected.

M. Luc, a French military surgeon uses in gonorrhœa, when the discharge is without pain, an injection of a thin paste of finely powdered starch and hot water.

Thomas Hawkes Tanner, M. D., F. L. S. etc. London.

175. ℞. Liquoris plumbi subacetis, ʒj
Aquæ, ʒiv. M.

This injection, our author thinks, is generally the most useful; it should be employed every eight or twelve hours. If it lose its effects after a few days, sulphate of zinc (gr.ij to ʒj.) or chloridi of zinc (gr. to ʒj.) ought to be substituted.

Erratum.—The third article in recipe, No. 143, Bulletin, No. 17, is misprinted. It should read, syrupi aurantii corticis, *not* syrupi hypophosphites.

Valuable Lectures.

Acting on the recommendation of the New York Association for the Advance of Science, Dr. John H. Griscom will deliver publicly, either of the following lectures at request:

1st. The Relations of the Atmosphere to Life and Health, accompanied with mechanical and chemical demonstrations of the Uses and Abuses of Air.

2d. The Sanitary Influence of Sunlight, with numerous illustrations thereof.

3d. The Hygiene of Laboring Men, with explanations of their physiological organizations.

Should any Literary, Philanthropic, Religious, or other organizations, in any part of the Country, desire to comply with the suggestion presented by this Association in the preceding article, it will be complied with at any convenient time, and an arrangement may be made for said purpose, by addressing the Lecturer, at No. 42 East 29th Street, New York City.

Unmannerly.

We regret to see such an exhibition of petty spite and ill-manners as is made in the June number of the Nashville *Jour. of Med. and Sur.*, by T. S. Beel, M. D., Professor of the Science and Practice of Medicine in the University of Louisville, Ky., in an attack on Dr. E. S. Gaillard, Editor of the *Richmond and Louisville Medical Journal.*

If the University of Louisville respects its own reputation it will take some action to bring to a sense of propriety one of its faculty who so far forgets what is due to the institution, to the profession, and to himself.

An Improved Battery.

We have recorded so many improvements (as they are all called) in galvanic batteries, that the number and variety become bewildering. The last we meet with is that suggested by Bottger, who proposes to substitute metallic antimony for carbon. An amalgamated zinc plate is immersed in a strong solution common salt and sulphate of magnesia. The antimony, like the carbon, is placed in a porous pot, but the liquid used is dilute sulphuric acid. A combination of this arrangement is said to give a stronger and more lasting current than a cell of Daniel's battery.—*Mechanics' Magazine.*

—— Temperature of the Blood.—Dr. J. S. Lombard has applied his delicate thermo-electric apparatus to the study of the effects of respiration on the temperature of the blood, and has found that very cold and dry air taken into the lungs does not lower the temperature of the blood sufficient to affect his appararus, which will indicate any change of temperature exceeding 1-2,000 of a degree centigrade; and this may be accounted for by the fact that at low temperatures the air is more condensed and a larger proportion of oxygen is inhaled, and by its conversion a larger amount of heat is generated.

Correspondence.

DOMESTIC.

Complicated Case of Disease.

EDS. MEDICAL AND SURGICAL REPORTER:

I forward you the following account of an interesting and complicated case:

Miss J. H., æt. 18, came under my care during the month of February, 1869. She was suffering from an acute attack of bronchitis, supervening upon subacute bronchial inflammation, which had existed for a long time. She also had intermittent fever, tertian type, from attacks of which she had not been free many weeks at a time for two or three years. In addition she had chronic hepatitis, as evinced by marked enlargement of the liver, and tenderness when pressure was made over that region. She also had chronic splenitis, with induration and such great enlargement of the spleen, that the organ extended down to the border of the left crista ilii, and transversely four inches to the right of the median line of the abdomen, where it met with the liver, and with it formed a hard, continuous band nearly around the body. In addition to the above, she had ascites, with marked tendency to anasarca. The peritoneal cavity was distended with a large quantity of serum; the feet and lower limbs were œdematous, pitted on pressure; and there was an effusion into the sac of the left knee-joint, attended by pain and soreness, characteristic of chronic articular rheumatism. The patient was not only anæmic, but she had *chlorosis of the true type*, a much more formidable disease than anœmia, but which has not unfrequenily been confounded with it by physicians of eminence. The greenish discoloration of the skin ocular conjunctivæ, the general nervous discomfort, and the absence of the symptoms of ovulation in addition to the amenorrhœa, being diagnostic characteristics of chlorosis.

I first arrested the intermittent fever by large doses of the sulphate ot quinia, each dose followed by the tincture of sulphuric acid. Then for a week I gave her the following, with five grains of quinine, thrice daily, additional:

R.	Extracti veratri viridis, fluidi,		♏ xxxij.
	" digitalis,	"	♏ xxxij.
	" cimicifugæ,	"	ʒiiss.
	" senegæ,	"	ʒiiss.
	" pruni virginianæ,		ʒij.
	Tincturæ Aloes,		ʒ ij. M.

S. Take a teaspoonful every two hours, lengthening the interval between doses as the paroxysms of coughing diminish. This prescription answered several indications. It was sedative, diuretic, deobstruent, tonic and purgative. At the end of a week the acuteness of the bronchial symptoms had disappeared, when I gave her the following pills:

R.	Elaterii,	gr. j.
	Hydrargyri chloridi mitis,	gr. viij.
	Capsici pulvis,	gr. viij.

M. et divide in ρil. no. viij.

S. One every four hours until large watery evacuations occur. By this means a large portion of the dropsical effusion was removed. Quinia was continued in three grain doses three times a day. The abdomen was tightly bandaged, and the following directed:

R.	Chimaphilæ pulvis,		
	Uvæ ursi, "		
	Calami, "		
	Cimicifugæ, "	aa.	℥ss.
	Ferri sulphatis,		gr. xxjv.
	Resinæ podophylli,		gr. iij.

M. Div. in chts no. xxiv.

S. Take one mixed with half a glass of water three times a day. This acted energetically as a diuretic, and as a general astringent and tonic. At the same time the right side was bathed in a solution of nitro-hydrochloric, and rubber cups applied over the liver and spleen for an hour or two daily, at which time the bandages were replaced and tightened. At the end of about a week the elaterium pills were again administered as above, and the fluid remaining in the abdominal cavity evacuated. Then the preceding treatment was resumed. After another week the ticture of iodine painted over the spleen was substituted for the dry cups. Nitro-hydrochloric acid was given internally in connection with its external use. Pills of quinia, sulphate of iron, cimicifugin (aa gr. j) and resin of podophyllum (gr. 1-24th) were substituted for the powers. From this time on the patient was kept on tonics and laxatives, but the kind and form of administration were changed as often as every alternate week. The citrate of iron, quinia and strychina; Vallet's pills of iron; Quevenne's iron; valerianate, lactate and granulated sulphate of iron; iodide and bromide of iron; sulphate and carbonate of manganese; gentian, cimicifuga, aloes, podophyllum and the mineral acids were the principal remedies employed. Cimicifuga was given constantly until the menstrual function was regularly established and then omitted. Very rapid improvement occurred whilst using the salts of iron and manganese conjointly with quinine and an occasional laxative. The patient constantly improved from the beginning of treatment, and has now entirely recovered. A mixture of equal parts of the syrups of the bromide and iodide of iron acted very favorably.

The diseases, whether they may be called distinctively as such, or regarded as parts of a whole, vanished in the following order, viz: Intermittent fever, bronchitis, ascites, hepatitis, œdema, amenorrhœa, chlorosis, (other symptoms of) articular rheumatism and splenitis. The spleen diminished in size perceptibly from the first of the treatment, but evinced tenderness during three months. The tincture of iodine was applied daily for that length of time, ex-

cept at intervals of a few days, when it had caused so much external irritation that it could not be borne. Dr. Irvin, of Friendship, Tennessee, an excellent physician of large experience in the treatment of malarial diseases, saw the patient soon after she came under my care. His opinion coincided with my own, that if energetic treatment had been delayed much longer, the case would have terminated fatally. I regard the case as typically illustrative of the danger of delay, or insufficient treatment of malarial poisoning, more particularly at a time when the whole nervous and vascular system is undergoing a revolution, as it were, from causes incident to the development of the sexual organism.

J. B. GARRISON, M. D.

Woodville, Tenn.

Extra Uterine Pregnancy.

EDITORS MED. AND SURG. REPORTER:

Under the above heading in your valuable journal of May 29, to which, in justice to myself, I desire to call the attention of your readers again, I reported a case of extra-uterine pregnancy occurring in my own practice, and commented upon the same; not with any disposition to "set myself up," or to challenge a reply, but to elicit a *report of similar cases*, if any have occurred in the practice of any one of the many readers of the REPORTER.

Dr. P. J. ROEBUCK, (in the REPORTER of June 12,) has *attempted* a reply, not by reporting a case his own, but by *referring* us to cases in which the fœtus (*as an abnormal body*) remained in its extra-uterine position for an indefinite period. This latter *information* we were already in possession of, so we are obliged to the Doctor. He says, "the Doctor (meaning myself) *assumes* that his is the first case *recorded* whose extra-uterine *fœtation* has gone beyond the full period, &c." I did not *assume* anything. We can furnish Dr. ROEBUCK with a number of cases where the fœtus *died* in its abnormal position and there remained for years afterward; but I still maintain that I have not been able to learn of *any case similar* to the one reported by myself, in which the product of conception *continued to develop* in its special sac, *living and healthy until within two days* of the mother's death, which occurred *seventeen days* after full term. This, then, is a remarkable and exceptional case, Dr. R.'s *assertions* to the contrary notwithstanding.

J. M. PALMER, M. D.

Dalton, Ohio, June 24, 1869.

How to Disguise the taste of Quinine.

EDITORS MED. AND SURG. REPORTER:

I think I have discovered a method by which quinine is deprived of its bitter disagreeable taste. The method to which I refer is to give the quinine in sweet milk. This, according to my taste, nearly entirely covers the bitter taste of quinine. This may not be new to others, but it is to me, and as I have not seen any account of it, nor heard any one speak of it, I have come to the conclusion that it is not generally known. I therefore ask you to make it known, if you think it is worthy of a place in your journal.

Respectfully yours,

JOHN WRIGHT, M. D.

Clinton, Ill.

NEWS AND MISCELLANY.

——NEW MODE OF PRODUCING OXYGEN. Messrs. Montmagnon and Delaire produce oxygen from the atmosphere by means of charcoal and water, or by saline solutions. They state that 100 litres of fresh charcoal, when exposed to atmospheric air, will absorb 925 litres of oygen and only 705 litres nitrogen. If the charcoal so saturated with gas is then saturated with water there will be expelled 650 litres of nitrogen and only 350 litres of oxygen. Thus 575 litres of oygen and only 45 litres of nitrogen are left in the charcoal. These gases they remove by the means of an air pump, when the charcoal is again ready to absorb oxygen and nitrogen from the air. The oxygen thus obtained is pure enough for all ordinary purposes, but the cost of procuring it by this method has not yet been practically determined.

[Notices inserted in this column gratis, any are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to a line.]

MARRIED.

DALY—COOPER.—At Pittsburgh, Penna., June 22, at Trinity Episcopal Church, by Rev. John Scarborough, Wm. Hudson Daly, M. D., of that city, and Miss Ann Athalia, daughter of James M. Cooper, Esq., of Allegheny city.

MCDONALD—WOODS.—At the residence of Dr. William Woods, Sewickley, Pa., June 17th, by Rev. J. B. Bittinger, D. D., Capt. D. A. McDonald and Miss M. F. Woods.

DIED.

ANDERSON.—In this city, June 29th, Sarah, wife of James Anderson, M. D.

CHAMBERLAIN.—Died suddenly, by accident in Holmesburg, on the 2d inst., George Lewis, second son of Dr. G. J. Chamberlain of Bustleton, Philadelphia, aged 12 years.

DAVIS.—June 3d, in Washington, Pa., Mrs. Mary A. wife of Dr. Robert W. Davis, in the 33d year of her age.

GARRETSON.—In this city, June 17th, of consumption, Lydia, youngest daughter of Dr. Joseph Garretson.

GOLDSMITH.—In this city, June 28th, 1869, Thomas Oliver Goldsmith, Jr., son of Dr. Thomas Oliver and Eliza V. Goldsmith, in the 34th year of his age.

MULLIN.—At Greensburg, Pa., Martha J. Mullin, wife of Dr. J. H. Mullin, of Osgood, Ripley county, Ind.

OLIVER.—June 15th, at his residence, in Oxford, Ohio, Dr. David Oliver, in the 78th year of his age.

MURRAY.—June 19th, 1869, at her residence in Sewickley, Pa., Mrs. Annie R. Murray, widow of the late Dr. J. C. Murray.